LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY

Postmark Date: 02110100

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor,

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Lax	SI.	LLthr.		ا. ا		··-	
V mparcé DU/	ONTE	225-927-5619				· 	
USINESS PHO	JNE		<u> </u>				
	BDECC	8982 Darby Avenue	Baton Rouge	LA 708	806		
BUSINESS ADDR	DKESS_	Street and No.	City	State	Zip	- OF	
		same as above				me	
MAILING ADDR	DRESS	Street and No.	City	State	Zip		
	self.					PH 12: 35	
EMPLOYER_		<u> </u>				ć1,	
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MPLOYER'S ADDRE		:S\$	City	State	Zip		
		Street and No.	CiQ				
		Street and No.	CIQ	SIME	2.10		

Address Business or purpose New Representation Does this person pay you?_ If No, who pays you?_

Terminated Representation as of ______

SUPPLEMENTAL REGISTRATION FORM



	Name						
•							
	Address	_			_		
	Business of purpose						
	New Representation Does this person pay you?						
	If No, who pays you?					- : - :	
	Terminated Representation as of	<u></u>					
3.	Name			_			
	Address		·				
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	New Representation Does this person pay you?						
	If No, who pays you?			<u> </u>			
	Terminated Representation as of		_				

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Sanature of Lobbyist - spouse of declarate

Form \$01, Rev. 10/2002